

CNEP ADULT ENROLLMENT FORM

ENTRY

(Reverse for EXIT)

Date Entered Into ERS _____

Family ID: _____

NEA NAME:

1. Have you previously been enrolled in: EFNEP? **Yes** **No** ONE? **Yes** **No**
 If yes: did you receive a Certificate of Completion? **Yes** **No**
 Where/When? _____

2. Name: _____

3. Street: _____

4. City _____

5. State **OK** 6. Zip _____

7. Phone () _____

8. Age _____ 9. Sex **F** **M**

10. Pregnant? **Yes** **No**

11. Breastfeeding? **Yes** **No**

12. Race Code: Check One
 _____ White
 _____ Black
 _____ American Indian
 _____ Hispanic
 _____ Asian or Pac. Islander

13. Residence: Check One
 _____ 1 Farm
 _____ 2 Town under 10,000 & rural non-farm
 _____ 3 Town/City 10,000 to 50,000
 _____ 4 Suburb of City over 50,000
 _____ 5 Central City over 50,000

14. Total Monthly Income \$ _____ 15. High Grade _____

16. Instruction (Lesson) Type: Check One
 1 _____ Group
 2 _____ Individual
 3 _____ Both
 4 _____ Other

17. Total Number of Lessons _____

18. Household Members: List youngest to oldest
 (Children (through age 19)
 First Name Age(yrs) First Name Age(yrs)

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

19. Number of Other Adults in Household:
 (don't count Participant) _____

20. Enrollment Date: _____

21. SubGroup:
A = EFNEP B = ONE Program

21.(a)
Gleaning Yes No

22. Public Assistance Family Participates in at
 ENTRY. Check all that apply.
 WIC/CSFP _____
 Food Stamps _____
 FDPIR (Commodities on Indian Reservations) _____
 TEFAP (The Emergency Food Assistance Program) _____
 Head Start _____
 Child Nutrition _____
 (Reduced/Free School lunch/breakfast) _____
 TANF _____
 Other (Specify: _____)

EXIT

(Reverse for Entry)

COMPLETE EXIT INFORMATION ONLY WHEN LEAVING CNEP PROGRAM

NEA NAME:

1. Family ID:

NAME:

17. Total Number
of Lessons:

24. Exit Date:

23. Exit Reason: (Check)

25. Did family receive assistance as the result of a referral
or suggestion from CNEP personnel? Y N

_____ 1 Educational Objective Met
(Graduation)

_____ 2 Returned to School

_____ 3 Took Job

_____ 4 Family Concerns

_____ 5 Staff Vacancy

_____ 6 Moved

_____ 7 Lost Interest

_____ 8 Other (Specify) _____

_____ 9 Other Obligations

_____ A Lost Contact with Client

If yes, check all that apply.

_____ WIC/CSFP

_____ Food Stamps

_____ FDPIR (Commodities on Indian Reservation)

_____ TEFAP (The Emergency Food Assistance Program)

_____ Head Start

_____ Child Nutrition

_____ TANF

_____ Other (Specify) _____